

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007512

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 282

Primary Registration District No. 3055

Registrar's No. 17

FILED FEB 20 1962

## 1. PLACE OF DEATH

a. COUNTY

Polk

b. CITY (If outside corporate limits, give TOWNSHIP only)

Bolivar, Missouri

Length of stay in 1b

3 months

c. FULL NAME OF (If NOT in hospital, give location)

Home - 812 E. Locust

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Kansas

b. COUNTY

Nemaha

Inside Limits

Yes ☐ No ☒

c. CITY

Centralia

OR TOWN

d. STREET ADDRESS

(If outside, give location)

Rural

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Arthur

Middle

Benjamin

Last

Nightingale

## 4. DATE OF DEATH

Month

February

Day

16

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

6/20/1880

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR.

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

None

## 11. BIRTHPLACE (City and state or country)

Nemaha County, Kans.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Benjamin Nightingale

## 13b. MOTHER'S MAIDEN NAME

Margaret Griffith

## 14. NAME OF HUSBAND OR WIFE

Marie Nightingale, Deceased

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 17. INFORMANT

Address

Mrs. Florence Kent, Bolivar, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

Acute Circulatory Failure  
Coronary Artery Disease; frequent anginal attacks.  
Arteriosclerosis

## INTERVAL BETWEEN ONSET AND DEATH

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Feb. 12, 1962 to Feb. 16, 1962 and last saw him alive on Feb. 16, 1962

Death occurred at 2:30 A. M.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

2/18/62

## 23c. NAME OF CEMETERY OR CREMATORY

Centralia Cemetery

## 23d. LOCATION (City, town, or county)

Centralia, Kansas

## 24. FUNERAL DIRECTOR

## ADDRESS

Paul D. Butler, Bolivar, Mo.

## 25. DATE RECD. BY LOCAL REG.

Feb. 16, 1962

## 26. REGISTRAR'S SIGNATURE

Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Paul D Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar, 1770

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.